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Address and Telephone Contact Information Updates

Effective immediately, contact information for the Child Health and Disability Prevention Program (CHDP) and Fiscal Intermediary (EDS) is updated as follows.

Appeals to claim denials documented in the *Notice of Claim Denials from History Edit* and *Notice of Partial Claim Denials from History Edit* letters should be sent to the following address:

Branch Chief
CHDP Program
MS 8100
P.O. Box 997413
Sacramento, CA 95899-7413

Providers who need to contact EDS by phone should call the Telephone Service Center (TSC) at 1-800-541-5555.

The updated information is reflected on manual replacement pages child health claim 13 and 15 thru 19 and the Change in Provider Information Letter example in the Appendix: Supplemental Materials section.

Billing Code Changes

CHDP has added new laboratory and vaccine benefits. Details for these benefits, including billing codes, rates and restrictions are described as follows:

Codes 25 and 26

Effective for dates of service on or after October 1, 2005, two new billing codes for laboratory blood screening tests were added to the CHDP program:

Laboratory Benefit	Code	Rate
Blood sugar – collection and analysis, or collection and handling	25	\$ 4.34
Blood/serum cholesterol – collection, or analysis, or collection and handling	26	\$ 4.03

These services are reimbursable once a year for patients up to the age of 20 years, 11 months who are at risk for abnormal blood screening tests.

The updated information is reflected on manual replacement page rates max chdp 5.

*Please see **Code Changes**, page 2*

Code Changes (continued)

Codes 69, 70 and 73

Effective for dates of service on or after May 2, 2005, the Meningococcal Conjugate Vaccine (MCV4) is payable.

Vaccine	Code	Vaccine Source	Age	Rate	Comment Required
Meningococcal Conjugate Vaccine (MCV4)	69	VFC	11 years thru 18 years, 11 months	\$ 9.00	
	70 + 73	Non-VFC Purchased	19 years thru 20 years, 11 months	\$ 101.84	

Non-VFC purchased vaccine must be billed using both codes 70 and 73. Each code number must appear on a separate line on the billing form. For code 70, the reimbursement is \$99.99. For code 73, the reimbursement is \$1.85

The updated information is reflected on manual replacement page rates max chdp 4.

Code 71

Effective for dates of service on or after October 1, 2005, the flu mist vaccine is payable using CHDP program code 71, which is for one dose annually and is for individuals receiving a CHDP health assessment who have household members with high risk factors.

Vaccine	Code	Vaccine Source	Age	Rate	Comment Required
FluMist	71	VFC	5 years thru 18 years, 11 months	\$ 9.00	Presence of household members with high risk factors

The updated information is reflected on manual replacement page rates max chdp 3.

Code 72

Effective for dates of services on or after August 31, 2005, the Tdap vaccine (booster tetanus, diphtheria and acellular pertussis) is payable using CHDP program code 72. The benefit is for one dose.

Vaccine	Code	Vaccine Source	Age	Rate	Comment Required
Tdap	72	VFC	10 years thru 18 years, 11 months	\$ 9.00	

This information is reflected on manual replacement pages prov resp hlth 7, prov resp imm 3 and rates max chdp 3.

Instructions for Manual Replacement Pages

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Remove and replace: child health claim 13 thru 20
 prov resp hlth 7/8
 prov resp imm 3/4
 rates max chdp 3 thru 5

Remove and replace
in the *Appendix*:

Supplemental

Materials section: *Change in Provider Information Letter*